

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH CREW OF MILITARY SEALIFT COMMAND HOSPITAL SHIP USNS MERCY VIA TELECONFERENCE FROM USNS MERCY, ANCHORED IN THE PHILLIPINES PARTICIPATING: CAPTAIN W.A. KEARNS, COMMANDER OF DESTROYER SQUAD 31; CAPTAIN ROBERT WILEY, COMMANDER OF USNS MERCY; CAPTAIN JAMES RICE, COMMANDER OF MERCY MEDICAL TREATMENT FACILITY; CAPTAIN CRISPIN MERCADO, PHILLIPINE NAVY TIME: 8:30 A.M. EDT DATE: FRIDAY, JUNE 6, 2008

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CAPT. WILEY: Is there a -- we're going to open this up with an opening statement, or who's going to kick this off?

CHARLES "JACK" HOLT (chief, New Media Operations, OASD PA): Well, sir, I will basically just introduce Captain Wiley and the Mercy staff. And if you've got an opening statement, we can go from there. And then from that we can go to questions.

CAPT. WILEY: All right. Well, it's -- my name is Captain Bob Wiley, we're here onboard -- we're here onboard USNS Mercy. We're anchored off Cotabato here in the southern Philippines in the Mindanao region. And we're about halfway through our mission here in Mindanao. And of course we have other missions coming up: Vietnam, Timor, Papua New Guinea and, of course, Chuuk.

So far, it's going extremely well. There's almost a thousand people on board Mercy right now. You know, the nature of this mission -- we're calling Pacific Partnership -- our goal here is to make sure that we partner with our -- you know with -- (audio interference) -- nation of the Pacific, that we learn how to better work together, to cultivate relations that these types of missions are so good at.

You know, what we've -- in addition to the people that we're serving, you know, one of the goals of this partnership is that, you know, we can better learn to use Mercy as well as other Naval assets in the event of a natural disaster. So it's been a rewarding mission so far, and we're hoping that we have -- and it's going to get even better as we go along.

So with that, I'm ready to open it up to questions.

MR. HOLT: All right, sir, thank you very much. Somebody else joined us here just a few minutes ago. Who was that?

Q That was William -- (last name inaudible).

MR. HOLT: Okay, William, thank you very much.

Okay. Well, Chris, you were first on line, so why don't you get us started?

Q All right. Since I have the first question, I was just wondering, do you know -- in your mission so far, do you know how many people you've actually helped?

CAPT. WILEY: Right now, we've seen over 14,000 patients. And most of those, of course, are MED/DENTCAP-type medical and dental civil action programs that are being run ashore.

So we've had just over 400 surgeries and (procedures to ?) -- 200 surgeries, 400 patients seen on board Mercy.

So it's -- we're -- but what I want to emphasize -- that we're not -- we want to make sure that what we're doing here is -- again, is forming partnerships, you know, working with our host nation and our partner nation, so that these medical providers can work together.

You know, we know it's -- numbers are important, but we've really, really been trying to shy away from, you know, just trying to look back, you know, okay, how many teeth did we pull and, you know, how many (inaudible word) did we give away? But right now we're looking just about 14,000.

MR. HOLT: All right, sir.

David?

Q Hi. It's David Axe with War Is Boring. Can you hear me okay?

CAPT. : Yes, sir.

CAPT. : Yes, David, we hear you fine.

Q Great. Thanks.

CAPT. : (Off mike.)

Q So --

CAPT. : (Off mike.)

CAPT. : (Stand by ?).

Q The Air Force has moved away from using dedicated medical platforms and now uses a modular medical kit for cargo airplanes for doing medical evacuations. Does it still make sense for the Navy to have a large dedicated platform for this sort of mission?

LT. : Sir, my name's Lieutenant JG (inaudible name). We wanted to like open the floor up here. We also have Commander Rice, who is the medical treatment facility director. CAPT. : Captain.

LT. : Captain Rice. And Commodore Kearns is listening in as well.

I think that would be -- the medical capabilities I think would be best probably answered by Captain Rice over here, if you will allow him to answer this question.

Q Okay. Sure, yeah.

CAPT. RICE: Yeah, I'd like to introduce myself. I'm Captain Jim Rice. I am the commanding officer of the medical treatment facility in Hospital Ship Mercy. And by background, I'm a general surgeon, but during this mission, I'm running a hospital. And this is a full-service hospital with everything that you would expect to find in a hospital back home. We have lots of capability, to include medicine and pediatrics and surgery, as well as the ability to put people in the host nation and provide medical and dental care ashore.

We -- what we find is -- and this is in answer to the question -- is that the host nations that we visit are sophisticated, and we have had the privilege of meeting the doctors and nurses and in an exchange with them and have really gained a good appreciation for what they need and want. It turns out that some of the countries don't have the technology that we're able to bring in this ship. And so in answer to your question, we can arrive with USNS Mercy with a full operating room, with ICU capabilities, with the ability to do arteriograms, CAT scans, and so that's really one of the main reasons that we need to keep this platform in operation.

Q Sir, a quick follow-up, if you don't mind.

MR. HOLT: Yeah, go ahead.

Q Do you find that actually the Mercy and her sister ship have too much capacity? Is it overkill?

CAPT. KEARNS: Yeah, this Commodore Bill Kearns speaking. Good evening.

I think that much of the capacity of the armed forces could be looked at as too much, if you just looked at it in terms of peacetime. I think it's a question of what is the right capacity and capability for us to have in the event of a war and making sure that -- you know, that we're prepared and, you know, with a reasonable investment of our national resources. The hospital ship shows -- to me, it shows that commitment to the people that are in the armed forces; that in combat conditions, that the military is prepared to take care of people who may have combat injuries. And so it's part of a chain of search and rescue, of medevac.

And so the capacity that we have most of the time is in a reserve status. But it represents a significant commitment, to the people of the armed forces, that we're going to take care of them.

Q Okay. Thank you.

MR. HOLT: All right. Somebody else joined us. Who's there?

Q It's Paul McLeary from DTI.

MR. HOLT: Okay, Paul. Go ahead.

Q I'm just kind of listening for now. I don't have any questions off the bat. I'm not sure if there was an opening statement.

MR. HOLT: Oh, okay. All right. Yeah, you joined us a little bit late.

But, so let's open this up for follow-ups, Chris, David.

Q Yeah, actually I have a follow-up.

MR. HOLT: Okay.

Q I was just wondering, how does the Mercy fit into the long-term treatment of these patients? The Mercy is only there for a short amount of time. These patients have, you know, long-term illnesses. I was just wondering how they, sort of, how that Mercy's presence fits into their treatments.

CAPT. RICE: This is Captain Jim Rice. That is an excellent question.

The planning of this mission began many, many months ago. And it began by the request of the host nations for us to partner with them to provide humanitarian assistance and civil assistance.

So we have networked with the local health care system and the ministries of health to, once we provide care, to transition those stations into their health care system.

In addition, we have extended the invitation and, with great pleasure, are taking care of these patients side-by-side with many of their own health care providers. We have providers onboard the ship that are with us in the operating rooms and on the wards. And once the patients are discharged, they will then assume follow-up care.

Thank you for asking.

Q Thank you.

MR. HOLT: All right, anyone else?

Q Hi. Can I chime in again?

MR. HOLT: Yes, go ahead.

Q Okay, hi. It's David with War is Boring again.

So I know that the hospital ships are designed to receive patients primarily by helicopter, but that's not really the way you guys work now, is it?

CAPT. WILEY: Yeah, David, this is Captain Wiley again. We do carry two helicopters onboard, you know, for getting out into remote areas. But the way we're working is we're anchored off the coast just a little over a mile off the beach. In our planning, we have established a pier to work from. It's safe and secure. We're running two utility boats that carry between 35 and 45 people each, plus we have contracted for some additional boating assistance.

So right now, the primary method of -- or yeah, the primary method of moving both our people for the MED/DENTCAP sites, our medical outreach sites

ashore and bringing patients onboard is by these small boats. One of the lessons learned from previous missions, and was carried out over the last year, was a new embarkation platform to make it a lot safer for these people to embark and disembark with these boats.

Q Hi. It's -- oh, I'm sorry, David, go ahead.

Q Well, I was just going to follow up on that point, but --

CAPT. WILEY: Go ahead, David, please.

Q Okay, great.

So in light of sort of the changes in the environment in which Mercy and her sister ship operate, since she was built or modified, you know, 25 years ago, what kind of changes would you make to the vessel if you could? In other words, what's on your wish list?

CAPT. WILEY: Well, on my wish list, of course, is for additional lift capability. You know, Mercy in her combat trauma life support mission would always be assumed to be working close in with, you know, naval forces using an amphibious role, so that plenty of lift would be available to bring the wounded out. Of course, these missions that we're doing now -- you know, these humanitarian such as this mission that we're doing right now, they're a lot more expeditionary and major.

So, I know Captain Rice and Commodore Kearns and I, along with others, have been discussing future upgrades, maybe the addition of larger tenders like the cruise ships used that, you know, could haul, like, a hundred passengers to the beach and back, maybe some small LCU arrangements for hauling material, supplies and stuff to the beach.

So we're looking at a number of different options, but, of course, right -- as I said, our primary -- what we're hoping to improve on in the future is our lift capability ashore.

Q Okay, thank you.

Q Hi, it's Paul McLeary from DTI. I'm just curious -- you know, say that there's an emergency somewhere. There's, you know, a natural disaster. And it happens in a place where there's no port that you can take, you know, the smaller craft ashore. Is there any -- are there any contingencies for using, like, LCACs or the Improved Navy Lighterage System or things like that, things other than helicopters, for getting to shore?

CAPT. WILEY: Well, you have -- this is Paul, right?

Q Yes.

CAPT. WILEY: Okay, Paul, you know last year Pacific Partnership was run with the USS Peleliu, you know, a large-deck amphib which had LCACs and larger helicopters -- much, much more lift capability ashore. So if you look at, say, the tsunami of 2005 as a model, then you'll see the first ships on-scene are usually the large-deck amphib. The hospital ships, by the time we get them activated and get them on scene usually arrive some time a little bit later.

So by using platforms like the Peleliu and the Mercy for these types of -- for these types of missions, I think we're exercising both platforms for the event of a natural disaster. I think that in the Pacific we do exercise both platforms, because I think that I can see both platforms used in the next disaster, if and when it comes -- (inaudible).

Q Sure. Thank you. MR. HOLT: Okay. Anything else? Anyone else?

And no other follow-ups?

Well, gentlemen, do you have any closing comments for us from the Mercy?

CAPT. RICE: Well, this is Captain Jim Rice. Just to talk about some of the other capabilities that we bring which are very welcomed. We have brought preventative medicine and environmental health providers on board to help with sanitation inspections and other public health, preventative medicine programs.

We have veterinarians on board to help vaccinate and treat animals, which are a defining component of their economic stability, the health of their animals.

We have brought construction battalion engineers that are actually repairing roofs and repairing schools, replacing windows. All this will have, for example, an impact in their education ability, because by having a nice structure that will allow them to educate their children, that will have a long-term benefit.

Q (Inaudible.)

CAPT. RICE: Yes, good point.

CAPT. : We also have biomedical technicians. These are sailors who are trained to repair x-ray machines, anesthesia machines and so on. A lot of these places we have gone to, they have some -- they have equipment. Sometimes equipment is donated or it's in disrepair, and our engineers are able to go in and get this equipment operating again.

Of course, last but not least, we have the band. We have the Pacific Fleet Band with us. And we take them ashore and provide really good public relations, especially if people are standing in line waiting to be seen for long periods of time. I think the band does a great deal to -- you know, to take the edge off of people waiting, and it certainly puts a friendly face on what it is we're trying to do.

CAPT. RICE: Another point is that we have partnered with non-governmental organizations, both international organizations as well as close-nation NGOs. And in addition, we have partnered with countries like Canada and Australia and Japan. And there will be even more.

This is of great value, to work together in a humanitarian basis when things are, as you would imagine, calm; to prepare us to work together in a disaster situation. We will already know each other and be comfortable working together.

CAPT. : Chris, you're from San Francisco, correct?

Q Yes.

CAPT. : Well, I was born and raised just a little north, up in Napa. So those of us from the Bay Area, you know, recognize the need to prepare for disaster.

And I think one of the things we learned from the tsunami efforts in 2005 was that Mercy gave us the ability to take a fully functional, fully capable and fully equipped hospital, and put it just about anywhere it might be needed in the world, at just about any time.

So partnering with non-governmental organizations, you know, Project Hope, Operation Smile, these organizations, teaches us how to bring local medical people onboard, should their own medical infrastructure, you know, be destroyed or knocked out of, you know, knocked out of commission for periods of time.

I think that's one of the great benefits of these missions. It really does prepare us for, you know, for a potential disaster. We don't like to think about it. But you know, as you know, Chris, if you live in the Bay Area, you do think about it.

And so you know, I think all of this adds up to not only doing some wonderful things for, you know, for our friends here in the Pacific Rim. But it also prepares us for that time, that we hope never happens but we all sometimes have to make sure we're ready for should it actually happen.

Q Jack, I have a follow-up question, if possible.

MR. HOLT: Yes, go ahead.

Q My name is Lieutenant Cragg. And I wanted to find out, what are the countries that you've already visited and what has been the response from those countries?

CAPT. WILEY: Well, right now we're at our first mission site in the Philippines, and it's quite obvious that we've certainly been received quite positively. The local media here is -- the media coverage in this area has been extensive. It's been extensive up in Manila. And just about everything that's been on the wires has been extremely positive. And I know, talking to local civic leaders here, mayors of towns in and around the Cotabato area, I know they are all extremely happy with Mercy coming to this part of the world.

Q Thank you.

MR. HOLT: All right. And gentlemen, with all of your capabilities onboard Mercy -- it's not just a hospital ship. You've got a full community support ship there. Would that be fair to say?

CAPT. WILEY: Just about. We have a thousand people on here and they range from -- everything from able-bodied seamen to chief engineers to surgeons -- I've got a surgeon sitting next to me here. You name it, it's pretty much on here.

CAPT./LT. : And let me add, we have Americans from every state in the union as part of our crew on board in addition to the other nations, our

partner nations, that are embarked right now -- we have Canada, Australia, and Japan.

CAPT. WILEY: There's also about -- we have 140 Phil-Ams on board, Philippine-Americans who are on board as part of this mission as well. Many of them were born in the Philippines and have, you know, emigrated to the United States. A lot of them are first-generation Americans, you know, sons and daughters of Filipinos who have moved to the United States. For them, this mission is extremely important. And I know all of them are really excited about being here.

And a lot of times when -- you know, when we're sending people to the outreach sites or patients are coming aboard to -- I know they -- you know, they're pleased to see that, you know, someone who's of Philippine descentance is there waiting for them. MR. HOLT: All right.

Well, have we got any follow-up questions? Anything else?

All right. Well, Captain Wiley and --

CAPT./LT. : Captain Rice and Commodore Kearns.

MR. HOLT: Yes. Gentlemen, thank you very much for joining us for the Bloggers Roundtable today. And I, you know, we're following the blog. And hopefully we can speak to you again, as you move on farther down your mission.

CAPT. : Well, I hope so. And I hope you enjoy it. It's certainly something I never thought I'd be doing. But I'm enjoying it. You know, it's -- I enjoy the comments that I'm getting from people that are reading it. Because I know it's exciting from this side. And I hope I've shared that excitement with everybody who logs on.

(Cross talk.)

CAPT. : I was just going to add that we really appreciate your interest in us. And we have found this mission to be a wonderful cultural opportunity, for all of us to learn from each other and grow together as human beings from around the world, sharing common bonds and common concerns. And we look forward to any further interviews you may wish.

(Cross talk.)

Q And Jack, if I can, get Captain Wiley to let all our listeners know where they can find this blog, so they can follow with the Mercy mission.

CAPT. WILEY: Yes. The blog is mercycaptain.blogspot.com.

MR. HOLT: All right.

Thank you very much, gentlemen. And we hope to speak to you again.

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